

Membership/Donation Form
Humane Society of Freeborn County
PO Box 423
Albert Lea, MN 56007-0423
507-377-8501

My correct mailing address is:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Enclosed is my donation of \$ _____ toward my:

New membership

Renewal membership

Individual \$ 15.00

Family \$ 30.00

Business/Corporate \$ 30.00

Lifetime \$125.00

The Humane Society of Freeborn County will send a receipt for dues or contributions only if the sender requests. Otherwise, your canceled check will serve as a receipt. Contributions are tax deductible. Thank you for your help.

I wish to contribute \$ _____.

I wish to contribute \$ _____ to the spay/neuter fund.

I wish to contribute \$ _____ to the building fund.

I wish to contribute \$ _____ to education.

I wish to contribute \$ _____ to the Area of Greatest Need.

I want to volunteer:

At pet adoptions

Answering phones

Fundraising

Fostering pets

Other _____

We are supported through donations, memberships, memorials, adoption/surrender fees, bequests, grants and volunteers.